



CONTRACTS & PROCUREMENT CONTRACTOR INTAKE

Completion of this Intake Form and W-9 are required for contracting with the Department of Health (DOH). **NO PAYMENTS WILL BE MADE IF DOH DOES NOT HAVE A W-9 ON FILE.** Questions regarding completion of this form should be addressed to the individual who signed the cover letter accompanying this form.

Contractor Name _____

DBA, (if applicable) _____

Mailing Address _____

Billing Address (if different) _____

Current Direct Deposit Vendor ☐ Yes ☐ No If interested in Electronic Funds Transfer (EFT), go to <http://www.ofm.wa.gov/accounting/vendors.asp> or contact the Washington State Office of Financial Management Vendor Help Desk at (360) 664-7691 or vendorhelpdesk@ofm.wa.gov

Overnight Mail Address (if different) _____

Telephone No: _____ FAX No: _____ E-Mail Address _____

Contract Point of Contact _____ Telephone No: _____

Federal Identification Number or Social Security
Number (Mandatory for tax purposes)

Washington State Uniform Business Identifier (UBI)
To obtain a UBI number call (360) 664-1400*

Contractor is: (check all that apply)

☐ Sole proprietor ☐ Corporation/profit ☐ Corporation/non-profit ☐ Partnership
☐ Medical or Legal ☐ 501(c4) organization ☐ Government Entity ☐ Other (specify) _____

Is the individual who will be performing the duties of this contract, a current state employee? ☐ Yes ☐ No
a former state employee (within the last two years)? ☐ Yes ☐ No

Enter the name and title of the individual(s) who is/are authorized to bind the Contractor to a contract and who will be signing any contracts between DOH and the Contractor

Name _____ Title _____

Name _____ Title _____

Under the penalties of perjury of the State of Washington, the undersigned affirms the accuracy of the statements made herein and acknowledges the Contractor's obligation to notify DOH of any changes in any statement made herein.

Signature _____ Date _____

Print Name _____ Title _____